

**THE METROHEALTH SYSTEM**  
**QUALITY & SAFETY COMMITTEE**  
**BOARD OF TRUSTEES**  
**REGULAR MEETING MINUTES**

**DATE:** February 14, 2018

**TIME:** 12:00 p.m.

**PLACE:** MetroHealth Medical Center  
K107, Business Services Building

**COMMITTEE**

**TRUSTEES:** Mr. Moss, Dr. Silvers

**STAFF:** Dr. Boutros, Ms. Dee, Dr. Golob, Mr. Kaufmann, Ms. Kiedio, Ms. Kline, Ms. Platten,  
Mr. Stern, Dr. Watts

**(ABSENT):** Ms. Anderson, Dr. Boulanger, Dr. Chehade, Mr. Hurwitz, Mr. Lewis, Mr. McDonald,  
Mr. Monnolly, Mr. Schneider, Ms. Whiting

Mr. Moss called the regular meeting of the Quality & Safety Committee to order at 12:02 p.m.

**I. Approval of Minutes – October 24, 2017**

The minutes of the October 24, 2017 Quality & Safety Committee Meeting were approved as presented.

**II. DISCUSSION ITEMS**

**A. Review of 2017 Quality Institute Goals – Mr. Kaufmann**

Mr. Kaufmann presented the reports for ACO Quality Metrics, Hospital Performance for Decreased ED Time After the Decision to Admit, IP Discharge Time of Day, Care Pathways Developed and Implemented, PSI 90 Composite, HAI Reduction, SSI Reduction, 30-Day Readmissions, Sharp Injuries, Order Set Utilization, TeamSTEPPS Implementation, and Care Equitability.

**B. Review of 2018 System Quality Goals – Dr. Watts**

Dr. Watts presented a summary of the proposed goals for Patient Safety & Quality. The general principles for goal selection include easily accessible and valid data, establish metric with known internal and external benchmarks, the need and potential for improvement, broad and/or high impact on system population, and consideration to

alignment with financial incentives. The proposed goals include two domains which are Ambulatory Care and Acute Care along with the Proposed Scoring, Potential Measures, External Benchmarking for Adult Measures, Pediatric Wellness Measures and Hospital-Acquired Condition Measures.

**C. Review of 2018 Quality Institute Goals – Dr. Watts**

Dr. Watts presented the 2018 Quality Institute Goals which includes the Metric Definition, Baseline, Threshold, Target and Stretch for Ambulatory Care, Pediatric Wellness, Acute Care related to reducing hospital-acquired conditions (reducing all-cause 30-day readmission rate), Employee Safety (decrease contaminated needle sticks), Equitable Care (reporting Key Adult Ambulatory Quality Measures by Race, Payer Status and Gender) and Internal and External Benchmarking (reporting Key Ambulatory and Acute Care Quality Measures with National and Regional Benchmarking).

**D. Brief Overview – Hospital Compare Medicare Star Rating System – Dr. Watts**

Dr. Watts gave an overview and methodology of the Star Rating System stating that the rating has seven components, but only four component factors contributed 88 percent towards the score. Due to methodologic complexity and variable data reporting periods, it is very difficult to accurately anticipate the star rating in advance. The Hospital-Acquired Condition (HAC) score comes from two domains (PSI 90) and Hospital-Acquired Infections that are also included as part of the Star Rating.

**III. NON-CONSENT/ACTION ITEMS**

None

**IV. CONSENT ITEMS**

A. Recommendation to the Board of Trustees of The MetroHealth System for the Observance of National Nurses Week, May 7, 2018 through May 11, 2018.  
-Approved

B. Recommendation to the Board of Trustees of The MetroHealth System for the approval of the 2018 Quality Institute Goals.  
-Approved

There being no further business to come before the Committee, the meeting was adjourned at 1:33 p.m.

Respectfully,

Mr. John Moss, Chairman  
Board of Trustees